STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: DEPARTMENT OF STATE (Name of partnership, firm or corporation) (Zip Code) (Town/City) Business Address: (Street) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Protect the Granite State
(Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 25, 2018 💢 April 25, 2018 IV. Date of Report activity from date of registration to 3/31/18 Reports cover: activity from 4/1/18 to 6/30/18 October 31, 2018 January 30, 2019 🗌 activity from 10/1/18 to 12/31/18 activity from 7/1/18 to 9/30/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord. NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. September 5, 2018 gnature of lobbyist)

E A S N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

	SEP 0 3 2010
1. Name of Lobbyist(s) Judy E. Reardon	NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:	DEPARTMENT OF STATE
(Name of partnership, firm or corporation)	•
III. Name of Client Protect the Granite State	Date July 25, 2018 report
IV. Fees Received	
Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 1, 600 ear)
c) Total of all fees received to date (Add lines a and b)	0)\$ 2,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$NA
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. et aggregate total of all expenses paid expenses; (b) the aggregate total of all let meals purchased during a business ses than \$10 that is given to the person et with a value of \$25.00 or less); and orning period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>\\</u> A
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>NA</u>
c) Total of all itemized expenditures reported in detail in section VI.	c)s NA

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$NA
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	ns NA
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
·	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	Stylember 5, 2018 (Date)
(Print Name of Jobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

SEP 0 5 2018

I. Name of Lobbyist(s)	Judy 1=.	Keardon	NEW HAMPSHIRE DEPARTMENT OF STAT
II. Name of lobbyist's par	tnership, firm or corp	oration, if any:	DEL VICTURE CO.
(Name of par	tnership, firm or corporation)		
III. Name of Client <u>Pcr</u>	stoot the Grani	te State	Date July 25, 2018 report
Political Contributions	ition that is reportable pu	ursuant to RSA Chap	ter 664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	\cup	Office Candidate is	s Seeking Governor
actual cost of the in-kind cor enter an estimated value and	the word "estimate."	e for amount of contribu	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate is	s Seeking Governor
If the contribution is an in-k actual cost of the in-kind corenter an estimated value and	atribution on the line above	description of the good e for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	(Last Name)	Danna (First Name)	(Middle Name/Initial)
Amount of contribution \$	1<0	Office Candidate is	s Seeking State Senate

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions)	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby statements.	
is true and complete to the best of my knowledge and belie	
(Signature of lobbyist)	September 5, 2018 (Date)
(Print Name of lobbyist)	
	RECEIVED SEP 0 5 2018
•	SEP 0 5 2018

NEW HAMPSHIRE DEPARTMENT OF STATE